## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF POINT AND NON-POINT SOURCE MANAGEMENT NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

#### PERMITTEE NAME/ADDRESS

Advanced Disposal Services Greentree

NAME Landfill, LLC

ADDRESS 635 Toby Road

Kersey, PA 15846-1033

Advanced Disposal Services Greentree

FACILITY Landfill

LOCATION Fox Township

Elk County

WATERSHED 17-A

RMS: CW / IW / Tech Reports

PA0103446	
PERMIT NUMBER	

001
OUTFALL NUMBER

MONITORING PERIOD											
YEAR	МО	DAY		YEAR	МО	DAY					
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#### INTERIM

Reporting Frequency: Monthly

DMR Effective From: July 1, 2013

DMR Effective To: June 30, 2014

Permit Expires: June 30, 2018

Permit Application Due: January 1, 2018

\_ Check Here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER		QUAN	TITY OR LOADIN	IG	QI	QUALITY OR CONCENTRATION				FREQUENCY	SA	MPLE	
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	T	YPE	
	SAMPLE MEASUREMENT				****	****	****						
Flow	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max	MGD	****	****	****	****		Continuous	Mea	asured	
	SAMPLE MEASUREMENT	****	****			****							
pН	PERMIT REQUIREMENT	****	****	****	6 Min	****	10 Max	S.U.		Continuous	Mea	asured	
	SAMPLE MEASUREMENT	****	****		****								
Color	PERMIT REQUIREMENT	****	****	****	****	Report Avg Mo	Report Daily Max	Pt-Co Units		2/month	_	4-Hr nposite	
	SAMPLE MEASUREMENT				****								
BOD5	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max	lbs/day	****	53 Avg Mo	163 Daily Max	mg/L		2/month	_	4-Hr nposite	
	SAMPLE MEASUREMENT				****								
Total Suspended Solids	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max	lbs/day	****	31 Avg Mo	60 Daily Max	mg/L		2/month		4-Hr nposite	
•	SAMPLE MEASUREMENT		·	,	****	,	,						
Total Dissolved Solids	PERMIT REQUIREMENT	28,456 Avg Mo	56,912 Daily Max	lbs/day	****	Report Avg Mo	Report Daily Max	mg/L		2/month	_	4-Hr nposite	
	SAMPLE MEASUREMENT	****	****		****								
Osmotic Pressure	PERMIT REQUIREMENT	****	****	****	****	1,170 Avg Mo	2,340 Daily Max	mg/L		2/month		4-Hr nposite	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted.			1 Mg Mo   Daily Max			TELE	PHONE	1		DATE	
		or those persons directly information submitted is,	he person or persons who ne responsible for gathering the to the best of my knowled	he information, the ge and belief, true,									
TYPED OR PR	INTED	for submitting false info	I am aware that there are s rmation, including the post g violations. See 18 Pa. C.	sibility of fine and		OF PRINCIPAL OR AUTHORIZE		AREA CODE	NUME	BER YEAR	МО	DAY	

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PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	T	YPE
	SAMPLE MEASUREMENT	****	****		****							
Oil and Grease	PERMIT REQUIREMENT	****	****	****	****	50.2 Avg Mo	205 Daily Max	mg/L		2/month	G	Grab
	SAMPLE MEASUREMENT	****	****		****		****					
Fecal Coliform May 1 - Sep 30	PERMIT REQUIREMENT	****	****	****	****	200 Geo Mean	****	CFU/ 100 ml		2/month	G	erab
	SAMPLE MEASUREMENT	****	****		****		****					
Fecal Coliform Oct 1 - Apr 30	PERMIT REQUIREMENT	****	****	****	****	2,000 Geo Mean	****	CFU/ 100 ml		2/month	G	Grab
	SAMPLE MEASUREMENT				****							
Ammonia-Nitrogen May 1 - Oct 31	PERMIT REQUIREMENT	52 Avg Mo	104 Daily Max	lbs/day	****	25 Avg Mo	50 Daily Max	mg/L		2/month		4-Hr nposite
	SAMPLE MEASUREMENT				****							
Ammonia-Nitrogen Nov 1 - Apr 30	PERMIT REQUIREMENT	156 Avg Mo	312 Daily Max	lbs/day	****	75 Avg Mo	150 Daily Max	mg/L		2/month		4-Hr nposite
	SAMPLE MEASUREMENT	****			****	****						
Total Aluminum	PERMIT REQUIREMENT	****	Report Daily Max	lbs/day	****	****	Report Max	mg/L		2/month		4-Hr nposite
	SAMPLE MEASUREMENT				****							
Total Arsenic	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max	lbs/day	****	0.104 Avg Mo	0.162 Daily Max	mg/L		1/month		4-Hr nposite
NAME/TITLE PRINCIPAL	EXECUTIVE OFFICER	direction or supervision in	aw that this document was accordance with a system ather and evaluate the info	designed to assure			•	TELE	EPHONE		DATE	
		Based on my inquiry of th or those persons directly information submitted is, accurate and complete. I	te person or persons who r responsible for gathering to to the best of my knowled am aware that there are s	nanage the system he information, the ge and belief, true, ignificant penalties					_			
TYPED OR F	PRINTED		for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			NUME	BER YEAR	MO	DAY

COMMENTS (Report all violations on the "Non-Compliance Reporting Form")

PAGE 2 OF 3

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PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	T۱	YPE
	SAMPLE MEASUREMENT				****							
Free Available Cyanide	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max	lbs/day	****	Report Avg Mo	Report Daily Max	mg/L		2/month		4-Hr posite
	SAMPLE MEASUREMENT	****			****	****						
Total Iron	PERMIT REQUIREMENT	****	Report Daily Max	lbs/day	****	****	Report Daily Max	mg/L		2/month		4-Hr posite
	SAMPLE MEASUREMENT	****			****	****						
Total Manganese	PERMIT REQUIREMENT	****	Report Daily Max	lbs/day	****	****	Report Daily Max	mg/L		2/month		4-Hr posite
	SAMPLE MEASUREMENT				****							
Total Selenium	PERMIT REQUIREMENT	0.241 Avg Mo	0.483 Daily Max	lbs/day	****	0.116 Avg Mo	0.232 Daily Max	mg/L		2/month		4-Hr posite
	SAMPLE MEASUREMENT											
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		direction or supervision in that qualified personnel g Based on my inquiry of the or those persons directly information submitted is,	aw that this document was accordance with a system tather and evaluate the inforce person or persons who in responsible for gathering to the best of my knowledge.	designed to assure rmation submitted. nanage the system he information, the ge and belief, true,				TELE	PHONE	=	DATE	
TYPED OR PR	RINTED	for submitting false info	I am aware that there are s mation, including the pos g violations. See 18 Pa. C.	sibility of fine and		OF PRINCIPAL OR AUTHORIZE		AREA CODE	NUME	BER YEAR	MO	DA

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TAKAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	T`	YPE
	SAMPLE MEASUREMENT				****	****	****					
Flow	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max	MGD	****	****	****	****		Continuous	Mea	asured
	SAMPLE MEASUREMENT	****	****			****						
рН	PERMIT REQUIREMENT	****	****	****	6 Min	****	10 Max	S.U.		Continuous	Mea	asured
	SAMPLE MEASUREMENT	****	****		****							
Color	PERMIT REQUIREMENT	****	****	****	****	1,001 Avg Mo	2,002 Daily Max	Pt-Co Units		2/month		4-Hr nposite
	SAMPLE MEASUREMENT				****							
BOD5	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max	lbs/day	****	53 Avg Mo	163 Daily Max	mg/L		2/month		4-Hr nposite
	SAMPLE MEASUREMENT				****							
Total Suspended Solids	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max	lbs/day	****	31 Avg Mo	60 Daily Max	mg/L		2/month		4-Hr nposite
	SAMPLE MEASUREMENT				****							
Total Dissolved Solids	PERMIT REQUIREMENT	28,456 Avg Mo	56,912 Daily Max	lbs/day	****	Report Avg Mo	Report Daily Max	mg/L		2/month		4-Hr nposite
	SAMPLE MEASUREMENT	****	****		****							
Osmotic Pressure	PERMIT REQUIREMENT	****	****	****	****	1,170 Avg Mo	2,340 Daily Max	mg/L		2/month		4-Hr nposite
NAME/TITLE PRINCIPAL EX	(ECUTIVE OFFICER	direction or supervision in	aw that this document was paccordance with a system ather and evaluate the info	designed to assure			, ,	TELE	PHONE		DATE	
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TANAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	T	YPE
	SAMPLE MEASUREMENT	****	****		****							
Oil and Grease	PERMIT REQUIREMENT	****	****	****	****	50.2 Avg Mo	205 Daily Max	mg/L		2/month	G	Grab
	SAMPLE MEASUREMENT	****	****		****		****					
Fecal Coliform May 1 - Sep 30	PERMIT REQUIREMENT	****	****	****	****	200 Geo Mean	****	CFU/ 100 ml		2/month	G	Grab
	SAMPLE MEASUREMENT	****	****		****		****					
Fecal Coliform Oct 1 - Apr 30	PERMIT REQUIREMENT	****	****	****	****	2,000 Geo Mean	****	CFU/ 100 ml		2/month	G	Grab
	SAMPLE MEASUREMENT				****							
Ammonia-Nitrogen May 1 - Oct 31	PERMIT REQUIREMENT	52 Avg Mo	104 Daily Max	lbs/day	****	25 Avg Mo	50 Daily Max	mg/L		2/month		4-Hr nposite
	SAMPLE MEASUREMENT				****							
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•	SAMPLE MEASUREMENT	****			****	****	,					
Total Aluminum	PERMIT REQUIREMENT	****	Report Daily Max	lbs/day	****	****	Report Max	mg/L		2/month		4-Hr nposite
	SAMPLE MEASUREMENT				****							
Total Arsenic	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max	lbs/day	****	0.104 Avg Mo	0.162 Daily Max	mg/L		1/month		4-Hr nposite
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		direction or supervision in	aw that this document was accordance with a system ather and evaluate the info	designed to assure	1gs 1 Daily max			TELEPHON			DATE	
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TYPED OR PRINTED			mation, including the pos violations. See 18 Pa. C.			E OF PRINCIPAL R OR AUTHORIZE		AREA CODE	NUME	BER YEAR	МО	DAY

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PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	T۱	YPE
	SAMPLE MEASUREMENT				****							
Free Available Cyanide	PERMIT REQUIREMENT	0.252 Avg Mo	0.504 Daily Max	lbs/day	****	0.121 Avg Mo	0.242 Daily Max	mg/L		2/month		4-Hr posite
•	SAMPLE MEASUREMENT	****			****	****						
Total Iron	PERMIT REQUIREMENT	****	Report Daily Max	lbs/day	****	****	Report Daily Max	mg/L		2/month		4-Hr posite
	SAMPLE MEASUREMENT	****			****	****						
Total Manganese	PERMIT REQUIREMENT	****	Report Daily Max	lbs/day	****	****	Report Daily Max	mg/L		2/month		4-Hr posite
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Total Selenium	PERMIT REQUIREMENT	0.241 Avg Mo	0.483 Daily Max	lbs/day	****	0.116 Avg Mo	0.232 Daily Max	mg/L		2/month		4-Hr posite
	SAMPLE MEASUREMENT											
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		direction or supervision in that qualified personnel g Based on my inquiry of the or those persons directly	aw that this document was accordance with a system pather and evaluate the information or persons who responsible for gathering to the best of my knowled.	designed to assure ormation submitted. manage the system the information, the				TELE	PHONE	=	DATE	
TYPED OR PRINTED		information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			AREA CODE	NUME	BER YEAR	MO	DAY

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	SAMPLE MEASUREMENT				****	****	****					
Flow	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max	MGD	****	****	****	****		Continuous	Mea	asured
	SAMPLE MEASUREMENT	****	****			****						
рН	PERMIT REQUIREMENT	****	****	****	6 Min	****	10 Max	S.U.		Continuous	Mea	asured
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted.			, and the same and			Ŭ	EPHONE		DATE	
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Fecal Coliform May 1 - Sep 30	PERMIT REQUIREMENT	****	****	****	****	200 Geo Mean	****	CFU/ 100 ml		2/month	G	Grab
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•	SAMPLE MEASUREMENT	****			****	****	j					
Total Aluminum	PERMIT REQUIREMENT	****	2.55 Daily Max	lbs/day	****	****	Report Daily Max	mg/L		2/month		4-Hr nposite
	SAMPLE MEASUREMENT				****							
Total Arsenic	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max	lbs/day	****	0.104 Avg Mo	0.162 Daily Max	mg/L		1/month		4-Hr nposite
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		Based on my inquiry of th or those persons directly information submitted is, accurate and complete. I	ne person or persons who ne responsible for gathering to to the best of my knowled am aware that there are s	nanage the system the information, the ge and belief, true, ignificant penalties								
TYPED OR PRINTED		for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).				E OF PRINCIPAL R OR AUTHORIZE		AREA CODE	NUME	BER YEAR	MO	DAY

## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF POINT AND NON-POINT SOURCE MANAGEMENT NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

### PERMITTEE NAME/ADDRESS

Advanced Disposal Services Greentree

NAME Landfill, LLC

ADDRESS 635 Toby Road

Kersey, PA 15846-1033

Advanced Disposal Services Greentree

FACILITY Landfill

LOCATION Fox Township

Elk County

WATERSHED 17-A

RMS: CW / IW / Tech Reports

PA0103446	
PERMIT NUMBER	

001	
OUTFALL NUMBER	

MONITORING PERIOD												
YEAR	МО	DAY		YEAR	МО	DAY						
			ТО									

**FINAL** 

July 1, 2015

Reporting Frequency: Monthly

DMR Effective To: June 30, 2018

Permit Expires: June 30, 2018

Permit Application Due: January 1, 2018

\_ Check Here if No Discharge

DMR Effective From:

NOTE: Read Instructions before completing this form

	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAI	MPLE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	T١	YPE
SAMPLE MEASUREMENT				****							
PERMIT REQUIREMENT	0.252 Avg Mo	0.504 Daily Max	lbs/day	****	0.121 Avg Mo	0.242 Daily Max	mg/L		2/month		4-Hr nposite
SAMPLE MEASUREMENT	****			****	****						
PERMIT REQUIREMENT	****	5.91 Daily Max	lbs/day	****	****	Report Daily Max	mg/L		2/month		4-Hr nposite
SAMPLE MEASUREMENT	****			****	****						
PERMIT REQUIREMENT	****	0.62 Daily Max	lbs/day	****	****	Report Daily Max	mg/L		2/month		4-Hr nposite
SAMPLE MEASUREMENT				****							
PERMIT REQUIREMENT	0.241 Avg Mo	0.483 Daily Max	lbs/day	****	0.116 Avg Mo	0.232 Daily Max	mg/L		2/month		4-Hr nposite
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		accordance with a system gather and evaluate the info ne person or persons who r responsible for gathering t	designed to assure ormation submitted. manage the system the information, the				TELE	PHONE		DATE	
TYPED OR PRINTED		accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating			-		AREA	NII IN 4E	DED VEAD	MO	DA
	MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT	MEASUREMENT PERMIT PERMIT REQUIREMENT AVg Mo  SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT AVg Mo  SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT RE	MEASUREMENT PERMIT PERMIT REQUIREMENT Avg Mo Daily Max  SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT AVG MO Daily Max  SAMPLE MEASUREMENT PERMIT PERMIT AVG MO Daily Max  SAMPLE MEASUREMENT PERMIT REQUIREMENT AVG MO Daily Max  I certify under penalty of law that this document was direction or supervision in accordance with a system that qualified person or persons who ro ro those persons directly responsible for gathering information submitted is, to the best of my knowled accurate and complete. I am aware that there are so for submitting false information, including the posiniprisonment for knowing violations. See 18 Pa. C.	MEASUREMENT PERMIT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT PERMIT REQUIREMENT PERMIT PERMIT PERMIT Avg Mo Daily Max Ibs/day  SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREME	MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT  SAMPLE MEASUREMENT PERMIT REQUIREMENT  SAMPLE MEASUREMENT PERMIT REQUIREMENT  SAMPLE MEASUREMENT PERMIT REQUIREMENT  SAMPLE MEASUREMENT PERMIT REQUIREMENT  SAMPLE MEASUREMENT PERMIT REQUIREMENT  SAMPLE MEASUREMENT  SAMPLE MEASUREMENT  SAMPLE MEASUREMENT  PERMIT REQUIREMENT  SAMPLE MEASUREMENT  SAMPLE  MEASUREMENT  SAMPLE  MEASUREMENT  SAMPLE M	MEASUREMENT PERMIT PERMIT No.252 D.504 SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT PERMIT PERMIT PERMIT PERMIT PERMIT PERMIT PERMIT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT SAMPLE MEASUREME	MEASUREMENT PERMIT PERMIT NO.252 PERMIT REQUIREMENT Avg Mo Paily Max PERMIT PERMIT PERMIT REQUIREMENT PERMIT PERMIT PERMIT PERMIT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT PERMIT REQUIREMENT PERMIT PERMIT REQUIREMENT PERMIT PERMIT REQUIREMENT PERMIT RE	MEASUREMENT PERMIT PERMIT REQUIREMENT Avg Mo Daily Max Ibs/day  SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT PERMIT REQUIREMENT Daily Max Ibs/day  SAMPLE MEASUREMENT PERMIT REQUIREMENT  Daily Max Daily Max Daily Max Mg/L  Report Daily Max Mg/L  Report Daily Max Mg/L  MAX MG/L  Report Daily Max Mg/L  MAX MG/L  MAX MG/L  MAX MG/L  MG/L	MEASUREMENT PERMIT REQUIREMENT Avg Mo Daily Max Ibs/day  SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT  SAMPLE MEASUREMENT  PERMIT O.62  SAMPLE MEASUREMENT  Daily Max Ibs/day  *****  Report Daily Max Mg/L  MEASUREMENT  PERMIT O.441 O.483 REQUIREMENT Avg Mo Daily Max Ibs/day  *****  Daily Max Mg/L  *****  *****  Report Daily Max Mg/L  *****  Avg Mo Daily Max Mg/L  *****  TELEPHONE  *****  ****  *****  ****  ****  ****  ****	MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT AVG MO DAILY MAX	MEASUREMENT PERMIT PERMIT PERMIT PERMIT PERMIT PERMIT PERMIT PERMIT REQUIREMENT PERMIT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT SAMPLE MEASUREMENT PERMIT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT PERMIT REQUIREMENT PERMIT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT PERMIT PERMIT REQUIREMENT PERMIT PERMIT REQUIREMENT PERMIT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT P

## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF POINT AND NON-POINT SOURCE MANAGEMENT NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

#### PERMITTEE NAME/ADDRESS

Advanced Disposal Services Greentree

NAME Landfill, LLC

ADDRESS 635 Toby Road

Kersey, PA 15846-1033

Advanced Disposal Services Greentree

FACILITY Landfill

LOCATION Fox Township

Elk County

WATERSHED 17-A

RMS: CW / IW / Tech Reports

PA0103446
PERMIT NUMBER

001
OUTFALL NUMBER

Reporting Frequency: Quarterly

DMR Effective From: July 1, 2013

DMR Effective To: June 30, 2018

Permit Expires: June 30, 2018

Permit Application Due: January 1, 2018

\_ Check Here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER		QUAN	TITY OR LOADIN	NG	Ql	JALITY OR CO	NCENTRATION		NO.	FREQUENCY	_	MPLE
PARAIVIETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	T	YPE
	SAMPLE MEASUREMENT				****							
Total Antimony	PERMIT REQUIREMENT	0.075 Avg Mo	0.150 Daily Max	lbs/day	****	0.036 Avg Mo	0.072 Daily Max	mg/L		1/quarter		4-Hr nposite
	SAMPLE MEASUREMENT				****							
Total Cadmium	PERMIT REQUIREMENT	0.037 Avg Mo	0.075 Daily Max	lbs/day	****	0.018 Avg Mo	0.036 Daily Max	mg/L		1/quarter		4-Hr nposite
	SAMPLE MEASUREMENT				****							
Total Chromium	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max	lbs/day	****	3.07 Avg Mo	15.5 Daily Max	mg/L		1/quarter		4-Hr nposite
	SAMPLE MEASUREMENT				****							
Total Cobalt	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max	lbs/day	****	0.124 Avg Mo	0.192 Daily Max	mg/L		1/quarter		4-Hr nposite
	SAMPLE MEASUREMENT				****							
Total Copper	PERMIT REQUIREMENT	1.555 Avg Mo	3.110 Daily Max	lbs/day	****	0.746 Avg Mo	1.492 Daily Max	mg/L		1/quarter		4-Hr nposite
	SAMPLE MEASUREMENT				****							
Total Lead	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max	lbs/day	****	0.283 Avg Mo	1.32 Daily Max	mg/L		1/quarter		4-Hr nposite
	SAMPLE MEASUREMENT				****							
Total Mercury	PERMIT REQUIREMENT	0.0012 Avg Mo	0.0024 Daily Max	lbs/day	****	0.0006 Avg Mo	0.0012 Daily Max	mg/L		1/quarter		4-Hr nposite
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		direction or supervision in	aw that this document was accordance with a system ather and evaluate the info	designed to assure	,ge Janyan			TELE	PHONE		DATE	
		Based on my inquiry of the or those persons directly information submitted is, accurate and complete.	ne person or persons who responsible for gathering to the best of my knowled am aware that there are s	manage the system the information, the ge and belief, true, significant penalties								
TYPED OR F		rmation, including the pos g violations. See 18 Pa. C.			OF PRINCIPAL OR AUTHORIZE		AREA CODE	NUME	BER YEAR	MO	DAY	

## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF POINT AND NON-POINT SOURCE MANAGEMENT NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

#### PERMITTEE NAME/ADDRESS

Advanced Disposal Services Greentree

NAME Landfill, LLC

ADDRESS 635 Toby Road

Kersey, PA 15846-1033

Advanced Disposal Services Greentree

FACILITY Landfill

LOCATION Fox Township

Elk County

WATERSHED 17-A

RMS: CW / IW / Tech Reports

PA0103446
PERMIT NUMBER

001
OUTFALL NUMBER

YEAR MO DAY TO YEAR MO DAY

Reporting Frequency: Quarterly

DMR Effective From: July 1, 2013

DMR Effective To: June 30, 2018

Permit Expires: June 30, 2018

Permit Application Due: January 1, 2018

\_ Check Here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER		QUAN	TITY OR LOADIN	١G	QI	UALITY OR CO	NCENTRATION		NO.	FREQUENCY	SAN	MPLE
PARAIVIETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	T	YPE
	SAMPLE MEASUREMENT				****							
Total Nickel	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max	lbs/day	****	1.45 Avg Mo	3.95 Daily Max	mg/L		1/quarter		4-Hr posite
	SAMPLE MEASUREMENT				****							
Total Silver	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max	lbs/day	****	0.0351 Avg Mo	0.120 Daily Max	mg/L		1/quarter		4-Hr posite
	SAMPLE MEASUREMENT				****							
Total Tin	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max	lbs/day	****	0.12 Avg Mo	0.409 Daily Max	mg/L		1/quarter		4-Hr posite
	SAMPLE MEASUREMENT				****							
Total Titanium	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max	lbs/day	****	0.0618 Avg Mo	0.0947 Daily Max	mg/L		1/quarter		4-Hr posite
	SAMPLE MEASUREMENT				****							
Total Vanadium	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max	lbs/day	****	0.0662 Avg Mo	0.218 Daily Max	mg/L		1/quarter		4-Hr posite
	SAMPLE MEASUREMENT				****							
Total Zinc	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max	lbs/day	****	0.42 Avg Mo	0.497 Daily Max	mg/L		1/quarter		4-Hr posite
	SAMPLE MEASUREMENT				****							
o-Cresol	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max	lbs/day	****	0.561 Avg Mo	1.92 Daily Max	mg/L		2/year	G	ab
NAME/TITLE PRINCIPAL	EXECUTIVE OFFICER	direction or supervision in	aw that this document was accordance with a system pather and evaluate the info	designed to assure	Tig iii Zany iian			TELE	PHONE		DATE	
		Based on my inquiry of the or those persons directly information submitted is, accurate and complete.	ne person or persons who is responsible for gathering to the best of my knowled I am aware that there are	manage the system the information, the ge and belief, true, significant penalties								
TYPED OR F	PRINTED	for submitting false info	rmation, including the pos g violations. See 18 Pa. C	sibility of fine and		E OF PRINCIPAL OR AUTHORIZE		AREA CODE	NUME	BER YEAR	MO	DAY

## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF POINT AND NON-POINT SOURCE MANAGEMENT NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

TO

YEAR

DAY

#### PERMITTEE NAME/ADDRESS

Advanced Disposal Services Greentree

NAME Landfill, LLC

ADDRESS 635 Toby Road

Kersey, PA 15846-1033

Advanced Disposal Services Greentree

FACILITY Landfill

LOCATION Fox Township

Elk County

WATERSHED 17-A

RMS: CW / IW / Tech Reports

PA0103446
PERMIT NUMBER

MO

YEAR

001
OUTFALL NUMBER

MO

DAY

Reporting Frequency:
DMR Effective From:

DMR Effective To: June 30, 2018

Semi-Annually

July 1, 2013

Permit Expires: June 30, 2018

Permit Application Due: January 1, 2018

\_ Check Here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER		QUAN	TITY OR LOADII	٧G	QI	UALITY OR CO	NCENTRATION		NO.	FREQUENCY	SAN	MPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TY	/PE
	SAMPLE MEASUREMENT				****							
2,4,6-Trichlorophenol	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max	lbs/day	****	0.106 Avg Mo	0.155 Daily Max	mg/L		2/year		1-Hr posite
	SAMPLE MEASUREMENT				****							
Phenol	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max	lbs/day	****	1.08 Avg Mo	3.65 Daily Max	mg/L		2/year		1-Hr posite
	SAMPLE MEASUREMENT				****							
Acetone	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max	lbs/day	****	7.97 Avg Mo	30.2 Daily Max	mg/L		2/year	G	rab
	SAMPLE MEASUREMENT				****							
Acetophenone	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max	lbs/day	****	0.0562 Avg Mo	0.114 Daily Max	mg/L		2/year	G	rab
	SAMPLE MEASUREMENT				****							
2-Butanone	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max	lbs/day	****	1.85 Avg Mo	4.81 Daily Max	mg/L		2/year	G	rab
	SAMPLE MEASUREMENT				****							
p-Cresol	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max	lbs/day	****	0.205 Avg Mo	0.698 Daily Max	mg/L		2/year	G	rab
	SAMPLE MEASUREMENT				****							
Pyridine	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max	lbs/day	****	0.182 Avg Mo	0.370 Daily Max	mg/L		2/year	G	rab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		direction or supervision in that qualified personnel g	aw that this document was accordance with a system ather and evaluate the info	designed to assure ormation submitted.				TELE	PHONE		DATE	
		Based on my inquiry of the or those persons directly information submitted is, accurate and complete.	ne person or persons who is responsible for gathering to to the best of my knowled I am aware that there are	manage the system the information, the ge and belief, true, significant penalties								
TYPED OR P	for submitting false info	rmation, including the pos g violations. See 18 Pa. C	sibility of fine and		E OF PRINCIPAL OR AUTHORIZE		AREA CODE	NUMB	ER YEAR	MO	DAY	

COMMENTS (Report all violations on the "Non-Compliance Reporting Form")

PAGE 1 OF 1

#### **COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION** BUREAU OF POINT AND NON-POINT SOURCE MANAGEMENT NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) **DISCHARGE MONITORING REPORT (DMR)**

#### PERMITTEE NAME/ADDRESS

Advanced Disposal Services Greentree

Landfill, LLC NAME

**ADDRESS** 635 Toby Road

Kersey, PA 15846-1033

Advanced Disposal Services Greentree

**FACILITY** Landfill

LOCATION Fox Township

Elk County

WATERSHED 17-A

RMS: CW / IW / Tech Reports

PA0103446	
PERMIT NUMBER	

002 **OUTFALL NUMBER** 

MONITORING PERIOD YEAR MO DAY YEAR MO DAY TO

Reporting Frequency: Semi-Annually DMR Effective From: July 1, 2013

January 1, 2018

DMR Effective To: June 30, 2018

June 30, 2018 Permit Expires: Permit Application Due:

Check Here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER			TITY OR LOADIN	_	QI	JALITY OR CO	NCENTRATION		NO.	FREQUENCY	_	MPLE
FARAIVIETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	T	YPE
	SAMPLE MEASUREMENT	****	****		****	****						
рН	PERMIT REQUIREMENT	****	****	****	****	****	Report Daily Max	S.U.		2/year	G	Grab
	SAMPLE MEASUREMENT	****	****		****	****						
BOD5	PERMIT REQUIREMENT	****	****	****	****	****	Report Daily Max	mg/L		2/year	G	Grab
	SAMPLE MEASUREMENT	****	****		****	****						
Chemical Oxygen Demand	PERMIT REQUIREMENT	****	****	****	****	****	Report Daily Max	mg/L		2/year	G	erab
	SAMPLE MEASUREMENT	****	****		****	****						
Total Suspended Solids	PERMIT REQUIREMENT	****	****	****	****	****	Report Daily Max	mg/L		2/year	G	Grab
	SAMPLE MEASUREMENT	****	****		****	****						
Total Iron	PERMIT REQUIREMENT	****	****	****	****	****	Report Daily Max	mg/L		2/year	G	Grab
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EX	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		aw that this document was accordance with a system ather and evaluate the info	designed to assure				TELE	PHONE		DATE	
		Based on my inquiry of th or those persons directly information submitted is, accurate and complete. I	ne person or persons who no responsible for gathering to to the best of my knowled am aware that there are s	nanage the system the information, the ge and belief, true, ignificant penalties								
TYPED OR PR	for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			AREA CODE	NUME	BER YEAR	MO	DAY	

### 3800-FM-BPNPSM0462 3/2012 pennsylvania

#### **COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION** BUREAU OF POINT AND NON-POINT SOURCE MANAGEMENT NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) **DISCHARGE MONITORING REPORT (DMR)**

MONITORING PERIOD

TO

YEAR

DAY

PERMITTEE NAME/ADDRESS
------------------------

Advanced Disposal Services Greentree

NAME Landfill, LLC

**ADDRESS** 635 Toby Road

Kersey, PA 15846-1033

Advanced Disposal Services Greentree

**FACILITY** Landfill

LOCATION Fox Township

Elk County

WATERSHED 17-A

RMS: CW / IW / Tech Reports

PA0103446 PERMIT NUMBER

MO

YEAR

003 **OUTFALL NUMBER** 

MO

DAY

Reporting Frequency: Semi-Annually DMR Effective From: July 1, 2013

DMR Effective To: June 30, 2018

June 30, 2018 Permit Application Due: January 1, 2018

Check Here if No Discharge

Permit Expires:

NOTE: Read Instructions before completing this form

PARAMETER		QUAN	TITY OR LOADIN	١G	Ql	JALITY OR COI	NCENTRATION		NO.	FREQUENCY	_	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	T	YPE
	SAMPLE MEASUREMENT	****	****		****	****						
рН	PERMIT REQUIREMENT	****	****	****	****	****	Report Daily Max	S.U.		2/year	G	Grab
	SAMPLE MEASUREMENT	****	****		****	****						
BOD5	PERMIT REQUIREMENT	****	****	****	****	****	Report Daily Max	mg/L		2/year	G	Grab
	SAMPLE MEASUREMENT	****	****		****	****						
Chemical Oxygen Demand	PERMIT REQUIREMENT	****	****	****	****	****	Report Daily Max	mg/L		2/year	G	Grab
	SAMPLE MEASUREMENT	****	****		****	****						
Total Suspended Solids	PERMIT REQUIREMENT	****	****	****	****	****	Report Daily Max	mg/L		2/year	G	Grab
	SAMPLE MEASUREMENT	****	****		****	****						
Total Iron	PERMIT REQUIREMENT	****	****	****	****	****	Report Daily Max	mg/L		2/year	G	Grab
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		direction or supervision in that qualified personnel g	aw that this document was accordance with a system pather and evaluate the info	designed to assure ormation submitted.				TELE	PHONE		DATE	
		or those persons directly information submitted is, accurate and complete.	ne person or persons who responsible for gathering to the best of my knowled I am aware that there are s	the information, the ge and belief, true, significant penalties								
TYPED OR PF	for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			AREA CODE	NUMB	BER YEAR	MO	DAY	

## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF POINT AND NON-POINT SOURCE MANAGEMENT NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

TO

YEAR

DAY

				RFSS

Advanced Disposal Services Greentree

NAME Landfill, LLC

ADDRESS 635 Toby Road

Kersey, PA 15846-1033
Advanced Disposal Services Greentree

FACILITY Landfill

LOCATION Fox Township

Elk County
HED 17-A

RMS: CW / IW / Tech Reports

WATERSHED

PA0103446
PERMIT NUMBER

MO

YEAR

004
OUTFALL NUMBER

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DM Pe

Reporting Frequency: Semi-Annually

DMR Effective From: July 1, 2013

DMR Effective To: June 30, 2018

Permit Expires: June 30, 2018

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\_ Check Here if No Discharge

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PARAMETER			TITY OR LOADIN	_	QI	JALITY OR CO	NCENTRATION		NO.	FREQUENCY	_	MPLE
FARAIVIETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	T	YPE
	SAMPLE MEASUREMENT	****	****		****	****						
рН	PERMIT REQUIREMENT	****	****	****	****	****	Report Daily Max	S.U.		2/year	G	Grab
	SAMPLE MEASUREMENT	****	****		****	****						
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TYPED OR PR	for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			AREA CODE	NUME	BER YEAR	MO	DAY	

## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF POINT AND NON-POINT SOURCE MANAGEMENT NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

TO

YEAR

DAY

PERMITTEE NAME/ADDRES	RESS
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Advanced Disposal Services Greentree

NAME Landfill, LLC

ADDRESS 635 Toby Road

Kersey, PA 15846-1033

Advanced Disposal Services Greentree

FACILITY Landfill

LOCATION Fox Township

Elk County

WATERSHED 17-A
RMS: CW / IW / Tech Reports

PA0103446
PERMIT NUMBER

MO

YEAR

005
OUTFALL NUMBER

MO

DAY

Reporting Frequency: Semi-Annually

DMR Effective From: July 1, 2013

DMR Effective To: June 30, 2018

Permit Expires: June 30, 2018

Permit Application Due: January 1, 2018

\_ Check Here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER			TITY OR LOADIN	NG	Ql	JALITY OR COI	NCENTRATION		NO.	FREQUENCY	_	MPLE
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Chemical Oxygen Demand	PERMIT REQUIREMENT	****	****	****	****	****	Report Daily Max	mg/L		2/year	G	Grab
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# COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF POINT AND NON-POINT SOURCE MANAGEMENT NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

TO

YEAR

DAY

### PERMITTEE NAME/ADDRESS

Advanced Disposal Services Greentree

NAME Landfill, LLC

ADDRESS 635 Toby Road

Kersey, PA 15846-1033

Advanced Disposal Services Greentree

FACILITY Landfill

Lanum

LOCATION Fox Township

Elk County

WATERSHED 17-A

RMS: CW / IW / Tech Reports

PA0103446	
PERMIT NUMBER	

MO

YEAR

006
OUTFALL NUMBER

MO

DAY Pe

Reporting Frequency: Semi-Annually

DMR Effective From: July 1, 2013

DMR Effective To: June 30, 2018

Permit Expires: June 30, 2018

Permit Application Due: January 1, 2018

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PARAMETER			TITY OR LOADIN	_	Ql	JALITY OR CO	NCENTRATION		NO.	FREQUENCY	_	MPLE
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## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF POINT AND NON-POINT SOURCE MANAGEMENT NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

TO

YEAR

DAY

#### PERMITTEE NAME/ADDRESS

Advanced Disposal Services Greentree

NAME Landfill, LLC

ADDRESS 635 Toby Road

Kersey, PA 15846-1033

Advanced Disposal Services Greentree

FACILITY Landfill

Landilli

LOCATION Fox Township

Elk County

WATERSHED 17-A

RMS: CW / IW / Tech Reports

PA0103446	
PERMIT NUMBER	

MO

YEAR

007 OUTFALL NUMBER

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DMR Effective To:
Permit Expires:

DAY
Permit Application Due:

Reporting Frequency: Semi-Annually

DMR Effective From: July 1, 2013

DMR Effective To: June 30, 2018

Permit Expires: June 30, 2018

Permit Application Due: January 1, 2018

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## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF POINT AND NON-POINT SOURCE MANAGEMENT NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

TO

YEAR

DAY

PERMITTEE NAME/ADDRES	RESS
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Advanced Disposal Services Greentree

NAME Landfill, LLC

ADDRESS 635 Toby Road

Kersey, PA 15846-1033

Advanced Disposal Services Greentree

FACILITY Landfill

LOCATION Fox Township

Elk County

WATERSHED 17-A
RMS: CW / IW / Tech Reports

PA0103446
PERMIT NUMBER

MO

YEAR

008
OUTFALL NUMBER

MO

DAY

Reporting Frequency: Semi-Annually

DMR Effective From: July 1, 2013

DMR Effective To: June 30, 2018

Permit Expires: June 30, 2018

Permit Application Due: January 1, 2018

Check Here if No Discharge

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# COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF POINT AND NON-POINT SOURCE MANAGEMENT NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

### PERMITTEE NAME/ADDRESS

Advanced Disposal Services Greentree

NAME Landfill, LLC

ADDRESS 635 Toby Road

Kersey, PA 15846-1033

Advanced Disposal Services Greentree

FACILITY Landfill

LOCATION Fox Township

Elk County

WATERSHED 17-A

RMS: CW / IW / Tech Reports

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PERMIT N	UMBER

009 OUTFALL NUMBER

Reporting Frequency: Semi-Annually

DMR Effective From: July 1, 2013

DMR Effective To: June 30, 2018

Permit Expires: June 30, 2018

Check Here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER			TITY OR LOADIN			JALITY OR CO	NCENTRATION		NO.	FREQUENCY	_	MPLE
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## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF POINT AND NON-POINT SOURCE MANAGEMENT NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

TO

YEAR

DAY

				RFSS

Advanced Disposal Services Greentree

NAME Landfill, LLC

ADDRESS 635 Toby Road

Kersey, PA 15846-1033

Advanced Disposal Services Greentree

FACILITY Landfill

LOCATION Fox Township

Elk County

WATERSHED 17-A
RMS: CW / IW / Tech Reports

PA0103446
PERMIT NUMBER

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YEAR

010 OUTFALL NUMBER

MO

DAY

Reporting Frequency: Semi-Annually

DMR Effective From: July 1, 2018

DMR Effective To: June 30, 2018

Permit Expires: June 30, 2018

Permit Application Due: January 1, 2018

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NOTE: Read Instructions before completing this form

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## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF POINT AND NON-POINT SOURCE MANAGEMENT NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

### PERMITTEE NAME/ADDRESS

Advanced Disposal Services Greentree

NAME Landfill, LLC

ADDRESS 635 Toby Road

Kersey, PA 15846-1033

Advanced Disposal Services Greentree

FACILITY Landfill

WATERSHED

LOCATION Fox Township

Elk County
HED 17-A

RMS: CW / IW / Tech Reports

PA0103446
PERMIT NUMBER

011
OUTFALL NUMBER

MONITORING PERIOD

YEAR MO DAY YEAR MO DAY
TO TO DAY

Reporting Frequency: Semi-Annually

DMR Effective From: July 1, 2013

DMR Effective To: June 30, 2018

Permit Expires: June 30, 2018

Permit Application Due: January 1, 2018

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PARAMETER			TITY OR LOADIN	_	QI	JALITY OR CO	NCENTRATION		NO.	FREQUENCY	_	MPLE
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#### **COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION** BUREAU OF POINT AND NON-POINT SOURCE MANAGEMENT NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) **DISCHARGE MONITORING REPORT (DMR)**

#### PERMITTEE NAME/ADDRESS

Advanced Disposal Services Greentree

Landfill, LLC NAME

**ADDRESS** 635 Toby Road

Kersey, PA 15846-1033

Advanced Disposal Services Greentree

**FACILITY** Landfill

LOCATION Fox Township

Elk County

WATERSHED 17-A

RMS: CW / IW / Tech Reports

PA0103446	
PERMIT NUMBER	

MO

DAY

YEAR

012 **OUTFALL NUMBER** 

MONITORING PERIOD YEAR MO DAY TO

Reporting Frequency: Semi-Annually DMR Effective From: July 1, 2013

DMR Effective To: June 30, 2018

June 30, 2018 Permit Expires:

Permit Application Due: January 1, 2018

Check Here if No Discharge

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BOD5	PERMIT REQUIREMENT	****	****	****	****	****	Report Daily Max	mg/L		2/year	G	Grab
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Chemical Oxygen Demand	PERMIT REQUIREMENT	****	****	****	****	****	Report Daily Max	mg/L		2/year	G	Grab
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### 3800-FM-BPNPSM0462 3/2012 pennsylvania

#### **COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION** BUREAU OF POINT AND NON-POINT SOURCE MANAGEMENT NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) **DISCHARGE MONITORING REPORT (DMR)**

MONITORING PERIOD

TO

YEAR

DAY

		TFF			

Advanced Disposal Services Greentree

NAME Landfill, LLC

**ADDRESS** 635 Toby Road

Kersey, PA 15846-1033

Advanced Disposal Services Greentree

**FACILITY** Landfill

LOCATION Fox Township

Elk County

WATERSHED 17-A RMS: CW / IW / Tech Reports

PA0103446 PERMIT NUMBER

MO

YEAR

013 **OUTFALL NUMBER** 

MO

DAY

Reporting Frequency: Semi-Annually DMR Effective From: July 1, 2013

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## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF POINT AND NON-POINT SOURCE MANAGEMENT NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

TO

YEAR

DAY

#### PERMITTEE NAME/ADDRESS

Advanced Disposal Services Greentree

NAME Landfill, LLC

ADDRESS 635 Toby Road

Kersey, PA 15846-1033

Advanced Disposal Services Greentree

FACILITY Landfill

LOCATION Fox Township

Elk County

WATERSHED 17-A

RMS: CW / IW / Tech Reports

PA0103446
PERMIT NUMBER

MO

YEAR

014
OUTFALL NUMBER

MO

DAY

Reporting Frequency: Semi-Annually

DMR Effective From: July 1, 2013

DMR Effective To: June 30, 2018

Permit Expires: June 30, 2018

Permit Application Due: January 1, 2018

\_ Check Here if No Discharge

NOTE: Read Instructions before completing this form

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### COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF POINT AND NON-POINT SOURCE MANAGEMENT

## INSTRUCTIONS FOR COMPLETING DISCHARGE MONITORING REPORTS (DMRs)

### General

One or more Discharge Monitoring Reports (DMRs) are attached to your permit for reporting the results of self-monitoring activities as required by your permit. You should make copies of the DMRs for your ongoing use, unless you elect to participate in the Department of Environmental Protection's (DEP's) electronic DMR (eDMR) program (see www.dep.state.pa.us/edmr).

- Reporting frequencies will vary depending on the monitoring frequencies listed in your permit, and are generally monthly, quarterly semi-annually and annually.
- Your reports must be <u>received</u> by DEP on the 28<sup>th</sup> day of the month following the end of the reporting period.
- Your permit may require submission of DMRs to other agencies, including the U.S. Environmental Protection Agency (EPA).
- If you receive DMRs in the mail from EPA, please discontinue use of DMR Form No. 3800-FM-BPNPSM0462 and begin using EPA's DMRs.
- DMRs will generally include pre-populated information for permittee name and address, facility location, permit number, outfall number, permit expiration date, parameter names, and permit requirements. If you identify any errors on a DMR issued by DEP, please contact the DEP regional office that issued your permit. If you identify any errors on a DMR issued by EPA, please contact DEP's Central Office at 717-787-6744.
   DO NOT make changes to DMRs issued to you.
- You may use computer-generated replicas of Form No. 3800-FM-BPNPSM0462 or of EPA's DMR if you
  receive prior approval from DEP and EPA. DEP reserves the right to instruct you to discontinue the
  submission of computer-generated DMRs if the permit requirements you entered on the form are
  inaccurate.

### Instructions

- 1. Enter statistical results into each blank field below the "VALUE" column headers. Results must be reported in the same units shown on the DMR.
- 2. Sum the total number of excursions or exceedances of permit limits across the row for each parameter and enter the value into the "NO. EX" field. For example, if the permit contains limits of 6.0 S.U. (Minimum) and 9.0 S.U. (Maximum) for pH, and the Minimum and Maximum results are 5.9 S.U. and 9.1 S.U., respectively, enter "2" into the "NO. EX" field.
- 3. Report the actual sampling frequency and sample type utilized during the reporting period in the fields corresponding to "Frequency of Analysis" and "Sample Type", respectively.
- 4. Type the name of the principal executive officer (or an authorized agent designated by a principal executive officer) who is taking responsibility for the report, sign the report (should be in ink), enter the telephone number of the responsible individual, and record the date that the report was signed. Mail only original, signed copies of DMRs.
- 5. In the Comments section at the bottom of the DMR, you may write a brief summary of violations in this section; however, DEP requests that <u>all</u> violations during the monitoring period be reported in more detail on DEP's **Non-Compliance Reporting Form** (3800-FM-BPNPSM0440) and be submitted as an attachment to the DMR. Other uses of the Comments Section include explanations of attachments to the DMR, explanations for the unavailability of data, and brief summaries of issues that have affected operations or effluent quality during the monitoring period. Always consider attaching a letter or separate document to explain your situation in more detail.

### No Discharge or No Data Available

If there was <u>no discharge at all from an outfall</u> during the monitoring period, check the "No Discharge" box on the top of the DMR. Complete the information above and below the table and mail the DMR to the appropriate agencies. Be sure to sign and date the DMR.

If there was no discharge of a specific parameter (e.g., if a chlorine limit is in the permit but chlorine was not used for disinfection during the entire reporting period), or if data are not available for a specific parameter for the entire reporting period, do not leave the DMR blank. Instead, report one of the following No Data Indicator (NODI) codes that apply to your situation in the appropriate value field, and **provide an explanation as an attachment to the DMR**:

- A Use if you are exempted from monitoring the parameter because of a General Permit condition.
- **E** Use if <u>all samples or results</u> are not available for the reporting period due to equipment failure or because sample collection was overlooked or samples could not be collected for the parameter.
- **GG** Use if your permit requires sample collection and analysis only under certain conditions and those conditions were not met during the reporting period (e.g., report chlorine results only when chlorination system is used).
- FF Other: use if there is any reason for the absence of data that is not covered by those above.

If you have at least one result for a parameter, the value should be reported and not a NODI code.

### **Calculations**

The following explains how to calculate statistical values that are commonly required by permits:

**Monthly Average** – For Loading (lbs/day), sum the total of daily loadings and divide by the number of samples during the month. To calculate the daily loading, multiply the daily concentration (mg/l) by the flow (MGD) on the date of sampling and a conversion factor of 8.34. For Concentration, sum the total of daily concentrations and divide by the number of samples.

**Weekly Average** – For Loading (lbs/day), sum the total of average daily loadings during each week of the reporting period (beginning on a Sunday and ending on a Saturday) and divide by the number of samples during the week. For Concentration, sum the total of daily concentrations each week and divide by the number of samples. Report the <u>maximum</u> weekly average on the DMR.

**Maximum Daily ("Daily Max")** – Report the maximum concentration or load measured during a 24-hour period during the reporting period; if multiple measurements are taken daily, include all data in the analysis.

**Instantaneous Maximum ("IMAX")** – Report the maximum result obtained by a grab sample for a specific pollutant over the entire reporting period covered by a DMR.

**Instantaneous Minimum ("Minimum")** – Report the minimum result obtained by a grab sample for a specific pollutant over the entire reporting period covered by a DMR.

**Total Monthly Load (lbs)** – Sum the total of average daily loadings, divide by the number of samples during the month, and multiply by the number of days in the month.

**Geometric Mean** – Report the average of a set of n sample results given by the nth root of their product. If any result is zero (0), substitute 1 for the calculation. For example, five samples were analyzed with the following results: 20, 300, 400, 500, and 0. The calculation of geometric mean is as follows (note that you will need to use the power function on a calculator):

$$\sqrt[5]{20 \cdot 300 \cdot 400 \cdot 500 \cdot 1} = \sqrt[5]{1,200,000,000} = (1,200,000,000)^{1/5} = 65$$

### **Non-Detect Data**

### **Conventional and Toxic Parameters**

For calculating average values of data sets in which there are some "detections" (results at or above the laboratory reporting limit) and some "non-detect" data (results reported below the laboratory reporting limit), use the reporting limit for non-detect data. In other words, ignore the less than (<) symbol for statistical calculations and include the < symbol with the statistical result if there is at least one non-detect result in the data set. For example, four samples were analyzed with the following results: < 1.0, 2.0, < 1.0, and 1.0. The average statistical result is < 1.3.

Where the permit includes an effluent limitation for a parameter that is less than the most sensitive detection limit available, and the laboratory reports a value at or below the lowest level specified by the permit, you may use zero (0) in the calculation in lieu of the reporting limit, if the parameter is identified in 25 Pa. Code Chapter 16, Appendix A, Tables 2A and 2B. In general, parameters with limitations that are less than the most sensitive detection limit will be identified in Part C of the permit, if applicable.

### **Bacteria Parameters**

Report all "non-detect" (e.g., < 2) and "too numerous to count" (TNTC) (e.g., > 2,000) results on DMR supplemental forms as reported by the laboratory. Do not report "TNTC" on supplemental forms, but instead report a value qualified with the">" symbol. Where a data set includes one or more "non-detect" and/or TNTC results, calculate the geometric mean by ignoring qualifying symbols, but report the value with the symbol. If a data set includes both ">" and "<" qualifiers, the ">" qualifier takes precedence for reporting. For all "non-detect" values, specify in the Comments section of the DMR the maximum volume filtered at the laboratory.

Example 1 – For results are determined, < 2, 10, 20, and 30. The geometric mean should be reported as <  $(2 \cdot 10 \cdot 20 \cdot 30)^{0.25} = < 10$ . Specify the maximum volume filtered for the < 2 result in the DMR Comments.

Example 2 – Three results are determined, < 2, 1,000, and > 2,000. The geometric mean should be reported as >  $(2 \bullet 1,000 \bullet 2,000^{0.333} = > 158.$ 

### **Rounding and Precision**

Statistical values reported on the DMR should be rounded to the same number of decimal places as the limit for the parameter as set forth in the permit. If the permit does not contain a limit but requests monitoring only, statistical values for concentration results should be rounded to the maximum number of decimal places in the data set as reported by the laboratory or the instrument used for analysis. If mass loads must be reported and there is no limit, round statistical values to the nearest whole number, unless the calculated number is less than one, in which case the value should be rounded to one significant figure (e.g., 0.1, 0.05, etc.). If the number you are rounding is followed by 5, 6, 7, 8, or 9, round the number up, otherwise round down.

The documents "Discharge Monitoring Reports Overview and Summary" (3800-BK-DEP3047) and "Management of Non-Detect Results for Discharge Monitoring Reports" (3800-FS-DEP4262) contain more information and are incorporated by reference. These documents are available on DEP's website.